

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

1071923

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	NO	DEP	NO	DEP	NO	DEP
1	1		1			
2		1		1		
3		2		2		
4		2		2		
5		2		2		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		2		1		
11		2		2		
12		1		2		
13		2		2		
14		2		1		
15		2		1		
16		10		1		
17		2		2		
18				1		
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50						
TOTAL NO.	1		1			
TOTAL DEP.	75		72			
TOTAL CLAIMS	76					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	NO	DEP	NO	DEP	NO	DEP
51						
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TOTAL NO.						
TOTAL DEP.						
TOTAL CLAIMS						